



Richard Sokoloff
Attorney at Law
990 S. SECOND STREET-SUITE 1
RONKONKOMA, NY 11779
PH: (631) 223-7176--FAX: 1 (888) 322-9957

JOCELYN SOSA

July 08, 2015

NEW YORK, NY. 10031

RE: LENOX HILL MED. ANESTHESIOLOGY, PLLC
PATIENT...: SELF
DATE(S) OF SERVICE: 12/19/14 - 12/19/14

PLACEMENT BALANCE.: \$234.00
COLLECTION CHARGES: \$.00
PAYMENTS TO DATE..: \$.00 FROM 07/07/15 THROUGH 07/08/15
CURRENT AMOUNT DUE: \$234.00

REPRESENTATIVE: MRS. MOORE AT PH#: 631-223-7176
OUR ACCOUNT NUMBER: 586

DEAR JOCELYN SOSA :

I HAVE BEEN RETAINED BY MY CLIENT TO OBTAIN PAYMENT OF AN
OUTSTANDING OBLIGATION AS INDICATED ABOVE. I REQUEST THAT
YOU CONTACT MY OFFICE PURSUANT TO THE "IMPORTANT CONSUMER NOTICE"
SET FORTH BELOW OR REMIT THE BALANCE DUE IN ORDER TO RESOLVE THIS
MATTER.

SINCERELY,

RICHARD SOKOLOFF, ESQ.
RS:A01/AA/07/07/15

SINCERELY,

JEFFREY PILINKO, ESQ.
JJP:A01

IMPORTANT CONSUMER NOTICE

"UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS
NOTICE THAT YOU DISPUTE THE VALIDITY OF THE DEBT OR ANY PORTION
THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY
THIS OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING THIS NOTICE,
THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY
OF A JUDGMENT AND WILL MAIL YOU A COPY OF SUCH VERIFICATION OR
JUDGMENT. IF YOU REQUEST FROM THIS OFFICE IN WRITING WITHIN 30
DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL PROVIDE YOU WITH
THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM
THE CURRENT CREDITOR."

THIS IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT COLLECTOR AND ANY
INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.